MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09735

09734 CERTIFICATE OF DEATH Reg. Dist. No. 2521

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Rural Centreville
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
STREET ADDRESS (If rural give location) Ruthsburg Road

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) WILSON (Last) BROWN

4. DATE OF DEATH: (Month) Oct (Day) 28 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Jan. 11 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Nr Queenstown Q.A. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert E. Wilson

14. MOTHER'S MAIDEN NAME: Annie Dawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Paul Brown Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemiplegia Right DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-Sclerosis DUE TO

(c)

Interval Between Onset And Death: 2 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED White at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1L 1954 to Oct 28, 1954, that I last saw the deceased alive on 10/27, 1954 and that death occurred at 4:45 PM from the causes and on the date stated above.

SIGNATURE AND (Degree or title) N. S. McPherson M.D. ADDRESS Centreville Md DATE SIGNED 10/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct 31 1954 NAME OF CEMETERY OR CREMATORY Christ Church LOCATION (City, town, or county) (State) Centreville Md

DATE REC'D BY LOCAL REGISTRAR 10/30/54 REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR Benton Bros ADDRESS Centreville Md.

VS. A15

RECEIVED
NOV
BUREAU V. S.

09735 MARYLAND STATE DEPARTMENT OF HEALTH 09736

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruthsburg — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville R F D 5
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Carroll (Middle) Perkins (Last) Cohey Sr.
4. DATE OF DEATH: (Month) Oct. (Day) 16 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH: Apr 23 1892
9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith
11. BIRTHPLACE (State or foreign country): Md —
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Cohey
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs Bertha Cohey - wife Queen Anne's R F D 5

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

E976X
Immediate cause (a) Suicide - Shot himself with Shot gun

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ~~OR~~ CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY: Oct 16 1954 2½ p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot himself with Shot gun —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE: W. Henry Fisher M.D. (Degree or title) Deputy med Exam for 2nd Co Md
ADDRESS: Centreville Md
DATE SIGNED: 10/19/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct. 20
NAME OF CEMETERY OR CREMATORY: Mt. Olive
LOCATION (City, town, or county) (State): Sandtown Md.

DATE RECD BY LOCAL REG.: Oct. 19
REGISTRAR'S SIGNATURE: Edgar L. Kane
24. FUNERAL DIRECTOR: Edgar L. Kane
ADDRESS: Church Hill

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 22 1954
BUREAU V. S.

09736

MARYLAND STATE DEPARTMENT OF HEALTH

09737

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester — LENGTH OF STAY (in this place) 78 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Hayes (Last) Meredith

4. DATE OF DEATH: (Month) Oct. (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1876 (?)

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Oyster

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Meredith

14. MOTHER'S MAIDEN NAME: Elizabeth Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Wife - Millie Meredith - Chester Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 7 7 X

Immediate cause (a) Carcinomatosis — Interval between onset and death: 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma, prostate — 4 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis ; cachexia .

19a. DATE OF OPERATION: April 1954

19b. MAJOR FINDINGS OF OPERATION: Carcinoma prostate .

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1951, to Sept, 1954, that I last saw the deceased alive on Sept. 11, 1954, and that death occurred at 8 05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

G. Wm. Martin, Jr. MD — Queenstown Md. — 10/5/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct 8-54 — NAME OF CEMETERY OR CREMATORY: Chester — LOCATION (City, town, or county) (State): Chester . Md.

DATE REC'D BY LOCAL REG.: Oct. 6 -54 — REGISTRAR'S SIGNATURE: Helen M. Aldridge — 24. FUNERAL DIRECTOR: Elroy Wilson — ADDRESS: Batts. Md.

RECEIVED
OCT 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09738

09737 CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington 14X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HALLIE (Middle) SUTTON (Last) POWELL
4. DATE OF DEATH: (Month) Oct. (Day) 29 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 25 - 1886
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Sutton
14. MOTHER'S MAIDEN NAME: Gertrude Staats.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Samuel R. Powell, Millington Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause 420.1	(a) apoplexy	one month
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertension	one year.
	DUE TO (c) Coronary thrombosis	one year

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.29, 1954, to 10.29, 1954, that I last saw the deceased alive on 10.29, 1954, and that death occurred at 1.00 A.M., from the causes and on the date stated above.

SIGNATURE Gl. Kowalewski (Degree or title) M.D. ADDRESS Millington DATE SIGNED 10.30.54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 31-1954
NAME OF CEMETERY OR CREMATORY Crumpton Cem.
LOCATION (City, town, or county) Crumpton Q.A.Co. (State) Md.
DATE REC'D BY LOCAL REGISTRAR Nov. 2
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edward Fellows. ADDRESS Millington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 8 1954
BUREAU V. S.

09738 **MARYLAND STATE DEPARTMENT OF HEALTH** 09739

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

Item 7, Film G174, 12/10/54 fcy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Queen Anne — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stevensville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stevensville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) AUGUSTINE (Middle) (Last) ROBINSON

4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: ? 1902

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Robinson

14. MOTHER'S MAIDEN NAME: Emma Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 220-26-1482

17. INFORMANT AND ADDRESS: Wm. Wright - Stevensville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH*

Immediate cause (a) Enlarged Heart Aneurysm

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN): Stevensville (COUNTY): Q A (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 25, 1954 to Oct. 25, 1954, that I last saw the deceased alive on Oct. 25, 1954, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dillon E. Smyth — ADDRESS: Stevensville Md — DATE SIGNED: 10/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE: Oct. 28 — NAME OF CEMETERY OR CREMATORY: Batch Neck — LOCATION (City, town, or county): Stevensville — (State): Md.

DATE REC'D BY LOCAL REG: Oct 28, 1954 — REGISTRAR'S SIGNATURE: Elizabeth Hopkins

24. FUNERAL DIRECTOR: Edgar L. Land Chapel — ADDRESS: Hall, Md.

RECEIVED
NOV 3 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09740

09739 **CERTIFICATE OF DEATH** Reg. Dist. No. 251

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Q. Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) G. (Last) THORPE

4. DATE OF DEATH: (Month) Oct. (Day) 5 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: August 7, 1894
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ezekiel Thorpe
14. MOTHER'S MAIDEN NAME: Phoebe Draper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) W.W. #1
16. SOCIAL SECURITY No.: 220-32-0931
17. INFORMANT & ADDRESS: Mrs. Wava P. Thorpe - Millington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart still stand - Syncope - Interval Between Onset And Death: Suddenly -

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myodegeneration of the heart Years -

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from on 6.5, 1954, to 8:30 PM, 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 10.5.54, from the causes and on the date stated above.

SIGNATURE Gefra Korzelewski (Degree or title) M.D. ADDRESS Millington DATE SIGNED 10.7.54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 9, 1954
NAME OF CEMETERY OR CREMATORY Millington Cem.
LOCATION (City, town, or county) Millington (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10-8
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT
IREAU V.

09740 **MARYLAND STATE DEPARTMENT OF HEALTH** WC 09742

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WALRAVEN NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HARRIET (Middle) ELIZABETH (Last) VAN SANT
4. DATE OF DEATH (Month) Oct. (Day) 14 (Year) 1954
5. SEX Fem.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH JULY 28-1878
9. AGE last birthday 76 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Sparks
14. MOTHER'S MAIDEN NAME Harriet Wells
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 217-30-8893
17. INFORMANT AND ADDRESS Mrs. Bunting, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Cardiac Decompensation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c) General arterial sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthenia

19a. DATE OF OPERATION W
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) W
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) W m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Oct 14, 1954, that I last saw the deceased alive on Oct 14, 1954, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE: C. H. Mitcalfe (Degree or title) M D ADDRESS Sudlersville, Md DATE SIGNED 10/15/54.

23. BURIAL CREMATION REMOVAL (Specify) | DATE THEREOF Oct. 16 | NAME OF CEMETERY OR CREMATORY Silverbrook | LOCATION (City, town, or county) Wilmington (State) Del.

DATE REC'D BY LOCAL REG. Oct. 15 | REGISTRAR'S SIGNATURE Edgar L. Lane | 24. FUNERAL DIRECTOR Edgar L. Lane, Church Hill, Md ADDRESS

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 22 1954
BUREAU V. S.

Item 18Film G173 11-17-54 ams

09741

09743

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Church Hill
LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural Church Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LOTTIE (Middle) BELL (Last) WRIGHT

4. DATE OF DEATH (Month) Oct. (Day) 29 (Year) 1954

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE last birthday about 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. Wright

14. MOTHER'S MAIDEN NAME Mathilda Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Emma Reese = Church Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X

Immediate cause (a) Carcinomatosis, Primary L. Breast

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

INTERVAL BETWEEN ONSET AND DEATH: Year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐ none

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 19, 1954, to Oct 29, 1954, that I last saw the deceased alive on Oct 26, 1954, and that death occurred at 4:20 P. m., from the causes and on the date stated above.

SIGNATURE H. H. Hamilton (Degree or title) M.D. ADDRESS Millington Md. DATE SIGNED Oct 31/54

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Nov. 1 NAME OF CEMETERY OR CREMATORY Rich Neck LOCATION (City, town, or county) near Chestertown (State) Md.

DATE REC'D BY LOCAL REG. Oct. 31 REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR Edgar L. Lane = Church Hill, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 8 1954
BUREAU V. S.